
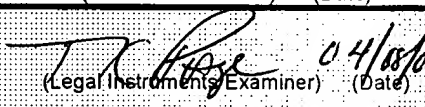


|  |                 |              |      |
|--|-----------------|--------------|------|
| <b>Issue Classification</b><br> | Application No. | Applicant(s) |      |
|  | 09/253,317      | LAM ET AL.   |      |
|  | Examiner        | Art Unit     |      |
|  | FAY             | 1045         | 1614 |

| ISSUE CLASSIFICATION   |   |          |   |        |  |                                   |                    |  |  |
|--|---|----------|---|--------|--|-----------------------------------|--------------------|--|--|
| ORIGINAL   |   |          |   |        | CROSS REFERENCE(S)   |                                   |                    |  |  |
| CLASS  |   | SUBCLASS |   |        | CLASS  | SUBCLASS (ONE SUBCLASS PER BLOCK) |                    |  |  |
| 514  |   | 532      |   |        |  |                                   |                    |  |  |
| INTERNATIONAL CLASSIFICATION   |   |          |   |        |  |                                   |                    |  |  |
| A  | 6 | 1        | K | 31/235 |  |                                   |                    |  |  |
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|  |   |          |   | /      |  |                                   |                    |  |  |
| (Assistant Examiner) (Date)  |   |          |   |        | Total Claims Allowed: 8  |                                   |                    |  |  |
| <br>(Legal Instruments Examiner) (Date) |   |          |   |        | ZOHREH FAY<br>PRIMARY EXAMINER<br>GROUP 120<br>(Primary Examiner) (Date) |                                   |                    |  |  |
|  |   |          |   |        | O.G.<br>Print Claim(s)   |                                   | O.G.<br>Print Fig. |  |  |
|  |   |          |   |        | 1  |                                   | n/a                |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
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